I know it’s a cliché, but I truly think I’ve heard everything now. You may need to brace yourself for this one… There is a now a “clinically-proven”, patented device on the market which mothers (or fathers, or others) can place next to their crying baby in order to find out what is wrong. This is how it works:

1) When the baby cries, you rummage around for the device, turn it on and place it next to the baby, so that the sound of the crying can be analysed.

2) Twenty seconds later, the device gives you a computer readout (lights, beeps and one of a variety of baby faces) of why the computer supposes your baby is crying, and a suggestion of what he needs. The faces variously depict a hungry baby (with his tongue out), a bored baby with an upside-down smile, a stressed / colicky baby (with a jagged line which looks more like a row of sutures than a baby’s mouth) and a baby in pain with requisite sticking plaster on her face.

Now, I’m fine with the appropriate use of technology, but I can’t help but wonder if this takes things a bit too far. It’s almost like having a remote control for your baby alongside the ones for the TV, video, DVD and stereo. Have we really become so separated from our babies’ needs that we need machines to tell us what they want?

It has always been my experience that parents develop an innate understanding of why their baby is crying. By the time the baby is a few weeks old, most parents are incredibly responsive to their needs. I was on the phone to a friend the other day when her baby began crying in the background and my friend immediately said, “I’d better go, that wasn’t a hungry cry ~ that was a pain cry”. To some people, that might seem very clever ~ particularly in a rationalist world where that sort of knowledge is sometimes seen as a bit ‘spooky’. In reality, it is a simple, obvious and innate ability.

In any case, the sound of crying is not the only thing that parents use to determine their baby’s needs. If this were the case, hearing-impaired mothers would not be as good at knowing what their babies need as mothers who hear well, and this is not the case at all. Knowledge is contextual, and the mother of the baby who has just had a long feed but who hasn’t had a poo for a few hours will have a different set of likely options to choose from when her baby cries than the mother of the red-cheeked baby who has slept for half the day and not eaten since breakfast-time. (I am slightly fearful of the potential effects of writing that last sentence, in case anybody sees that as a way they can improve these devices and turns them into PDAs where parents can key in feeding times, bowel movements and other bits of information.)

I fear that babies may become more stressed if the first thing their parents do when they begin to cry is to run around the house looking under the fridge and behind the cushions for the crying analyser. If I was a baby and that happened to me, I think I might cry some more. In fact, perhaps there should be an additional face, to analyse and depict the baby who is “confused and fed up because, whenever I cry, my parents pick up the machine rather than me”.

The manufacturers and their representatives are quick to point out that they are trying to enhance rather than replace parents’ ability to determine their baby’s needs, in order to enhance babies’ emotional development, and I am sure they are very sincere in their objectives. Yet, as we well know from the invasion of birth technology, it is one thing to bring new technology onto a market, and quite another to control the use of that technology once it has arrived.

I worry about the implications of this. The mother who comes to rely on a crying analyser rather than on her own common sense or intuition will do this because she feels she is doing the best for her baby. This is yet another baby product which parents may feel ‘guilted’ into buying, and inadequate if they cannot afford to buy one for their baby. It is also another way of teaching people that machines know more about us than we do. We are already quite separated enough from our own body knowledge and the ways of knowing which are innate and embodied. How can we help parents to see that they don’t need machines to analyse their baby’s needs; that they can tap into the instincts they were born with?

The proponents of these devices argue that some mothers do need help, and that Cry-sis is a much-needed organisation. I agree with both of these points. Yet, as ever, we can choose to try to address these very real issues with quick-fix technology, or we can look for cheaper, person-centred ways of helping people improve their lives and relationships.